NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				___	___	760
Total Claims >20	203/103	20	-20 = ___	X	___	___	___
Independent Claims >3	202/102	5	-3 = 2	X	___	78	156
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	___
English Translation	139						___

TOTAL FEE CALCULATION   1046.

Fees due upon filing the application:

Total Filing Fees Due = $ _____ 1046 _____

Less Filing Fees Submitted - $ _____

BALANCE DUE   = $ _____ 1046 _____

_____
Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)